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Medicine on the March

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IT HAS BEEN a great honor to serve as President of the California Medical Association. I wish to express my heartfelt gratitude for the privilege accorded me. To me, the past year will always be the high point of my medical career.

Because they affect the present and will affect the future, I am going to discuss some of the changes that have taken place in medical science and practice during my generation. According to Webster, a generation is 33 years. So I have been able to personally observe these changes as an active practitioner of internal medicine. In that time there have been great advances in scientific knowledge and in technical skills. There have been great changes in the socio-economic picture, brought on by accelerated evolution.

A generation ago the art of medicine was almost uppermost in medical healing. There were very few specific remedies. Important discoveries had taken place in pathology, bacteriology, biochemistry and radiology, but the almost miraculous advances had not yet begun. The family doctor, frequently bearded or Vandyked, and carrying his little black satchel, was held in high esteem and was close to the hearts of his patients. Specialization was just beginning. Roads were poor and transportation was slow. The shifting of the people to the cities had not really started.

The relationship between patient and doctor was much closer and more intimate. The physician was not only a doctor, he was a wise and trusted counselor—a respected friend. He was a leader among men in his community. He thought of man as a whole, of both his mind and his body, not just as a disease entity.

A large part of medical practice took place in the home, where the doctor closely observed the good

or bad circumstances under which people lived. He realized how much poor social conditions, poverty, undernutrition, bad housing, poor sanitation and unemployment contributed to the causation of ill health and disease. Man was looked upon in his entirety, and his reactions to health, disease and environment were closely heeded.

The specific prophylaxis and treatment of infections had just started. People could be actively immunized against smallpox, diphtheria and typhoid fever, but these diseases were very prevalent during the usual seasons. The mortality rate was high. Immune sera against diphtheria, tetanus and meningococcal infections were available and if used early were most helpful and effective. Syphilis, with its devastating tertiary lesions, aortitis, aneurism, paresis and tabes dorsalis, was commonplace. Salvarsan had just been introduced. Tuberculosis, with its many manifestations of advanced pulmonary cavitation, adenitis, osteomyelitis and miliary infection, was just beginning to come under control. Mastoid operations were common, and lobar pneumonia was largely treated by inhalations, mustard plasters, turpentine stupes, good nursing care, hope and prayer. Streptococcal and other types of sepsis were frequent and most often fatal.

Then came the sweeping advance of science along all lines. Nutritionists, medical research workers, chemists, physicists, engineers, industrialists, and clinicians all combined their resources to produce the astounding scientific discoveries of the present age. Science rushed ahead, leaving humanism in its wake.

Scientists have taken man apart and minutely examined his organs, tissues, cells and secretions. To a scientist only exact measurable knowledge is satisfactory. Humanism cannot be measured.

Functional conceptions of disease have gradually replaced the structural. Tests of function for nearly all organs of the body have been devised.

Address of the President: Presented before First General Meeting at the 81st Annual Session of the California Medical Association, Los Angeles, April 27-30, 1952.

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EDITORIAL

Culmination

Within another month Doctor John W. Cline of San Francisco will turn over the presidency of the American Medical Association to his successor. At that time he will be relieved of the many burdensome duties which have accompanied his two years as president-elect and then president of the world's largest medical organization.

As the time approaches for another A.M.A. chief to take office, a review of Doctor Cline's activities is indicated, both for the lesson available to others and for the moral to be learned from a man who knew where he was going, how to get there and how to bring others along with him.

John Cline entered the official ranks of the American Medical Association only seven years ago, when he first became a Delegate from California. In his first few sessions of the A.M.A. House of Delegates he encountered opposition, if not downright antagonism, to many of the subjects he broached in behalf of his fellow physicians in his home state. The California delegation in the A.M.A. had not enjoyed too high a respect from some other sections of the country and when Doctor Cline and his fellow delegates came along with such unmentionable ideas as revising the top management force of the parent organization, they did little to increase their own popularity.

Perseverance, however, began to bear fruit as more and more members of the House of Delegates came to listen more attentively to the logic, the reason and the forcefulness of the proposals made by the Californians. Doctor Cline was in the forefront of this campaign, ever ready to speak with his well-ordered vigor, always willing to listen to the other fellow and to compose differences which did not conflict with the principles he and his associates held to be vital for the good of American medicine.

As the California ideas came to be more favorably accepted in the A.M.A. House of Delegates,

other changes took place. Some shifts in personnel, both at the policy-making and at the administrative level, brought forth a stronger organization, one more fully equipped to deal with the problems of the times. Doctor Cline remained at the head of this transformation, urging the positive and aggressive steps needed to create a better A.M.A. His exceptional ability to speak, undoubtedly stemming from his pre-medical debating team days, and his self-evident leadership, again going back to his collegiate experiences, stood him in excellent stead.

Doctor Cline has an ability to sway an audience which is not granted to many men. He is possessed of the innate capacity to grasp a situation, translate it into coherent and understandable terms and transmit it to those working with him. This faculty, from a standing start, impressed itself so indelibly on the minds of the delegates in the A.M.A. that, without waiting for John Cline to go through subordinate offices, they unanimously elected him in 1950 as president-elect of the American Medical Association.

Once in that position, Doctor Cline continued to use well his administrative and persuasive talents. Without stint, without regard to the amount of time demanded of him, he set forth to carry the story of the new A.M.A. to the country. Speaking engagements flooded in on him and, to his credit, he accepted them wherever it was humanly possible to do so. His travels in the past two years have taken him to Europe, to the islands of the Pacific, to military installations all over the country and in Europe, to lay audiences in public meetings and on radio programs, to debates, to forum sessions and, more important, to medical audiences in practically every state in the country.

In all of these places Doctor Cline has followed out his original theme of the good in American medicine, of the positive approach to matters of

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NOTICES AND REPORTS

Executive Committee Minutes

Tentative Draft: Minutes of the 230th Meeting of the Executive Committee of the California Medical Association, San Francisco, March 26, 1952.

The meeting was called to order by Chairman Lum in Room 212 of the St. Francis Hotel, San Francisco, at 4:00 p.m., Wednesday, March 26, 1952.

Roll Call:

Present were President MacLean, President-elect Alesen, Council Chairman Shipman, Speaker Charnock and Auditing Committee Chairman Lum, Editor Wilbur and Secretary-Treasurer Daniels. No absences. Present by invitation were Dr. D. H. Murray, legislative chairman; Executive Secretary Hunton, Assistant Executive Secretary Thomas, Public Relations Director Clancy and Mr. Ben H. Read, executive secretary of the Public Health League of California. A quorum present and acting.

1. Membership:

(a) On motion duly made and seconded, it was voted to reinstate four members whose 1951 dues had been received since the last Council meeting.

(b) On motion duly made and seconded in each instance, it was voted to elect nine applicants to Associate Membership. These were: Elizabeth Jolly, Luigi Luzzatti, S. H. Schonberger, James K. Smith, and Helen Wolfenden, Alameda-Contra Costa; Roy D. Smith and D. V. Wiebe, Fresno County; Paul Beddoe, Los Angeles County; Charles H. Ludwig, Sonoma County.

(c) On motion duly made and seconded in each instance, 18 applicants were voted Retired Membership. These were: R. T. Sutherland, Alameda-Contra Costa; Sidney R. Burnap, Cecil C. Cole, Marie Anna Conradi, R. E. Flesher, Horace H. McCoy, Rea Proctor McGee, Albert H. Moore, Milton M. Portis, George D. Stilson, A. W. Teel, Raymond C. Thompson, and Harry D. Van Fleet, Los Angeles County; Charles M. Fox, San Diego County; Edwin I. Bartlett, LeRoy H. Briggs, Leo Eloesser, and Robert S. Irvine, San Francisco County.

(d) On motion duly made and seconded in each instance, 25 applicants were voted a reduction of

dues for postgraduate study or because of protracted illness.

(e) On motion duly made and seconded, it was voted to recommend to the Council that an amendment to Chapter II, Section 4(a) of the By-Laws be proposed to the House of Delegates, to provide that applicants for Retired Membership be considered eligible for such election if they had paid their dues for the current or the preceding calendar year.

2. Committee on Rural Health:

A report by Dr. Henry A. Randel on behalf of the Committee on Rural Health was discussed and it was regularly moved, seconded and voted that the Association office request each county society to appoint a committee on rural health to cooperate with the statewide committee.

3. Committee on Postgraduate Activities:

Discussion was held on the advisability of inviting technical exhibitors to display their products at postgraduate assemblies arranged by the Committee on Postgraduate Activities. It was pointed out that such exhibits have been sponsored in some areas by the Woman's Auxiliary or the county society, rather than by the Association. On motion duly made and seconded, it was voted that all technical exhibits at any meeting of the Association be screened by the C.M.A. Committee on Advertising and that funds secured from exhibits at meetings other than the Annual Session be retained by the sponsoring group.

On motion duly made and seconded, it was voted that the policy of inviting out-of-state speakers to the Postgraduate Assemblies be approved. It was suggested that schedules should be so arranged that one speaker could cover two or more meetings and that the regional institutes be increased to ten annually.

On motion duly made and seconded, it was voted to recommend to the Committee on Postgraduate Activities that its office be operated in conjunction with the proposed office of the San Joaquin County Medical Society.

4. Committee on Hospitals, Dispensaries and Clinics:

A report from the Committee on Hospitals, Dispensaries and Clinics, relative to California mineral